

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 6
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Corporate Press			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 22645 Sally Ride Dr.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">491.25</div>		
City Sterling	State VA	Zip Code 20164	Transaction ID : SE.11998		
Purpose of Expenditure IE-McDaniel-Direct Mail		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Freedomworks, Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 400 N Capitol St., NW Suite 735			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4.56</div>		
City Washington	State DC	Zip Code 20001	Transaction ID : SE.11991		
Purpose of Expenditure IE-Cochran-Email/Social Media/Printing		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate THAD COCHRAN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">495.81</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

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Date

M M M / D D D / Y Y Y Y Y Y

Signature

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(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee Freedomworks, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 03 / 05 / 2014		
Mailing Address 400 N Capitol St., NW Suite 735			Amount 20.55		
City Washington	State DC	Zip Code 20001	Transaction ID : SE.11992		
Purpose of Expenditure IE-Cochran-Email/Social Media/Printing		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 03 / 05 / 2014		
Name of Federal Candidate THAD COCHRAN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 42536.00			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Freedomworks, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 03 / 06 / 2014		
Mailing Address 400 N Capitol St., NW Suite 735			Amount 2.28		
City Washington	State DC	Zip Code 20001	Transaction ID : SE.11993		
Purpose of Expenditure IE-Cochran-Email/Social Media/Printing		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 03 / 06 / 2014		
Name of Federal Candidate THAD COCHRAN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 42538.28			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22.83
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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R. Russ Walker

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M M / D D / Y Y Y Y
 03 / 25 / 2014

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NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Freedomworks, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 07 / 2014		
Mailing Address 400 N Capitol St., NW Suite 735			Amount 121.53		
City Washington	State DC	Zip Code 20001	Transaction ID : SE.11994		
Purpose of Expenditure IE-Cochran-Video Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 07 / 2014		
Name of Federal Candidate THAD COCHRAN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought 43151.06			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Freedomworks, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2014		
Mailing Address 400 N Capitol St., NW Suite 735			Amount 155.27		
City Washington	State DC	Zip Code 20001	Transaction ID : SE.11995		
Purpose of Expenditure IE-McDaniel-Phone Script Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 11 / 2014		
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought 47616.33			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	276.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Freedomworks, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 14 / 2014	
Mailing Address 400 N Capitol St., NW Suite 735		Amount 16.05	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.11996
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 14 / 2014	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought 47632.38		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Freedomworks, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 17 / 2014	
Mailing Address 400 N Capitol St., NW Suite 735		Amount 8.02	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.11997
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 17 / 2014	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought 47640.40		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	24.07
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mungo, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 08 / 2014	
Mailing Address 625 Clay St E		Amount 4310.00	
City Monmouth	State OR	Zip Code 97361	Transaction ID : SE.11999
Purpose of Expenditure IE-McDaniel-Door Hangers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 08 / 2014	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought 47461.06		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mungo, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 20 / 2014	
Mailing Address 625 Clay St E		Amount 2379.00	
City Monmouth	State OR	Zip Code 97361	Transaction ID : SE.12000
Purpose of Expenditure IE-McDaniel-Signage	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 20 / 2014	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought 50019.40		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6689.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Topple Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 24 / 2014	
Mailing Address 189 N. Hwy 89 Ste. C 130		Amount 39984.00	
City North Salt Lake	State UT	Zip Code 84054	Transaction ID : SE.12001
Purpose of Expenditure IE-McDaniel-Phone Calling	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 24 / 2014	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought 90003.40		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	39984.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	47492.51

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